SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		8	OF		96
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using t	the name and address of any political committee t			
NAME OF COMMITTEE (In Full) American Hospital Association	n PAC			
Full Name (Last, First, Middle Initial) Mr. Brian K Woodliff Mailing Address P O Box 1008 City	State Zip Code	Date of Receipt 03 04 2013 Transaction ID : 20769946		
Tahlequah FEC ID number of contributing federal political committee.	OK 74465-1008	Amount of Each Receipt this Period 500.00		
Name of Employer Tahlequah City Hospital Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Mr. Larry W Walker Mailing Address 4848 Hastings Drive		Date of Receipt 03 05 2013 Transaction ID: 20769975 Amount of Each Receipt this Period		
City Lake Oswego FEC ID number of contributing federal political committee.	State Zip Code OR 97035-5745			
Name of Employer Walker Company, The Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. Alan L Goldbloom M.D. Mailing Address 2525 Chicago Avenue Sout City Minneapolis	Date of Receipt M = M			
FEC ID number of contributing federal political committee. Name of Employer Children's Hospitals and Clinics of Mi Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	500.00		
SUBTOTAL of Receipts This Page (optional).	_	2000.00		
TOTAL This Period (last page this line number	er only)			